ż

STATE OF MARYLAND	CERTIFICATE OF DEATH 07398
1. PLACE OF DEATH	
County / Jalka	Registration Dist. No. 290
Village or City Laway	No Coulis Jus. March - St Word
Length of residence in city or town where death occurred yrs mos	death occurred in a hospital or institution, dive its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?
2. FULL NAME Have and Job Berry	
(a) Residence; No. Teder Strong //	Note Ward, P. + D Caroline Co
(Usual place of abode)	/ If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE, OR DIVORCED (write the world)	21. DATE OF DEATH
Maried Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22, A I HEREBY CERTIFY, That I attended deceased from
(OH) HITE OF Eduta Servet	Fuly 14 1934 to July 22 1934
6. DATE OF BIRTH (month, day, and year) () ec. 9, 1879	Vlast saw h in alive on July 22 1, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.0.4 A.m.
54 10 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular fland of work done, as SPINNER Josephson of Statt Prof	spechech acet
kind of work done, as SPINNER Jacement of Statistics 8 AWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and	Jangrewoo July 1. 12
work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Date deceased last worked at this occupation (month and spent in this occupation)	
this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Alocelustic Co	Other Contributory Causes of Importance:
(State or country) Mayeard	cholocysteh sewie fuly 1/1/2
13. NAME pakua anul Demiett	
13. NAME popula anula Berniett 14. BIRTHEACE (city or rown) Whice nice Co	Name of operation Choleenstatory Date of July 16, 175
1 (State of conutty)	What tast confirmed diagnosis? autopen Was there are au'opsy? Heo
15. MAIDEN NAME Learge ama Pelacea Keys 16. BIRTHPLACE (city or town) 16. State or country)	23. If daath was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
So Ul 1 1	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT A COLUMN STATE OF THE CANADA COLUM	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAD	Manner of Injury
Place Rosana Suna Date 15,193 ×	Natura of Injury
19. UNDERTAKER Transploss	24. Was diseasa or injury in any way related to occupation of daceased?
(Address) Hanker alsling.	If so, specify
20, FILED 7/ Z 3 193 4 M. H. Mery	(Signed) M. D.
Registrar.	(Addrass) Easton med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUKEAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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4 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
or a	1. PLACE OF DEATH	1942
	County QUOTE	Registration Dist. No. 290
	Village or City / wtou, Md.	No Meraruly Hospital St. Ward
1	Length of residence in city or lown where death occurredyrsmos	death occurred in a horizator institution, five its NAME justeed of street and number)
10	1 /3	os positions in o. s. it of foreign bifting
	2. FULL NAME megas serger	(a link and a
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Z	male while married	(Month) (Day) (Year)
4.00	5a. If married, widowest or divorced HUSBAND of	
_	(or) WIFE of Faure Bloger	1 HEREBY CERTIFY, That I attended decoased from
	6. DATE OF BIRTH (month, day, end year) March 19 1871	I last saw h. YM elive on 2 MY 18 19.24; death is sald
1177	7. AGE Yaars Months Deys If LESS than	to have occurred on the date steted above, atm.
	(3 3 30 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca
2	9 Trade profession or particular	Not as typical preture of enjoyabelas . Rue Date of onset
TIO	hind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ostrestococcio dermatilis 2 6/17/3
AGII	work was done, as SILK MILL,	@ Pulmenary edema
200	SAW MILL, BANK, etc	Duration: twenty days. Caused by : obrasion ou
_	this occupation (month and 18/34 spent in this 40 occupation 40	dorsum of left foot, rubbed by shoe.
1	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
-	(State or country)	
CLU	13. NAME Jough Berger	
EATE	14. BIRTHPLACE (kity or town)	Name of operation
-	(State of country)	What test confirmed diagnosis? Church Was there an au'opsy?
urb	15. MAIDEN NAME auce The the	23. If death was due to axternal couses (VIOLENCE) fill in also tha following:
TOL	16. BIRTHPLACE (city or lown)	Accident, suicide, or homicide? Data of Injury, 19
-	(State or country)	Where did injury occur? (Specify city or town, county and State)
1	17. INFORMANT TAMES IN THE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1	(Address) (Addre	
	Place Smullson Moder 1/20 21974	Manner of injury
-	WHItaloid San	Nature of Injury
1	19. UNDERTAKER (Address) (Address) (Address)	24. Wes disease or Injury In any way related to occupation of decaased?
*	2/2 24 5/18/ 2	(Signad) M. D.
2	20. FILED Registrar.	(Address)
date u		2411 N Charles Street Relaimore Permetting #1 S No -

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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stated EXACTLY. PHYSICIANS should state

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Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAINEY

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V. S. No. 1

TION is very important.

See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 07400
1. PLACE OF, DEATH ,	21070
County Lallrot	Registration Dist. No. 290
Village or City Lear Gaslon Ind.	NoSt,Ward
Length of residence In city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME William Yelson	Chester P P
(a) Residence: No. A Michaels Yn (Usual place of abode)	7d-St., Ward. Dead Men While at Hosp. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male. Black Talvaired Married Married	21. DATE OF DEATH July 22 , 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND or (00) WIFF of Jidomia, Chester)	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	1 last saw h AAA alive on 20 4 27 19 34 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h. VAA. alive on
32 1 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8 Trade profession or particular	Date of onset
Industry or business In which work was done, as SILK MILL, 15, Sewell,	y other engines
10. Date deceased last worked at this occupation (month and spant in this	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME William Dawyan/ Chesto	and certain
13. NAME William Dawson Cheste	Name of operation. Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Virginia Hollan	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Virginia Holland 16. BIRTHPLACE (city or town) Barman (State or country)	Accident, sulcide, or homicide? Cacallell Date of Injury Just 2, 19 3
41:00. 11 1 Al +	Where did injury occur? I A DAM Wood IV Reary Land (Specify city of town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Wallsam Nawdow the state (Address)	State Road Wear Kard Oals
18. BURIAL CREMATION, OR REMOVAL	Manner of injury auto accedent
1 2000	Nature of Injury tracellines small et al.
19. UNDERTAKER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	24. Was disease or Injury In any way related to occupation of deceased? (1)
20. FILED 7/25, 19.34 77.74. Menus. Registrar.	(Signed) The Selling M. D. (Address) Carlon and

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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		Mari
	<i>a</i>	
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CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-N. B.—WRITE PLAINLY, WITH

The first of the second	JF MARYLAND-	-CERTIFICATE OF DEATH	101
1. PLACE OF DEATH		<u> 153</u>	
County County		Registration Dist. No. 397	
Village or City Typical	1	No. St., If death occurred in a hospital or institution, give its NAME instead of street and	Wa
Length of residence in city or town where	death occurred 38 yrs. / mo	ds. How long in U. S. if of foreign birth?yrsm	os
2. FULL NAME Samue	I la Conway		
(a) Residence: No.	-	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
male Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Yeer)
if married, widowed, or divorced HUSBAND of (or) WIFE of	tee Couray	22. I HEREBY CERT1FY, That I attended	decaased fro
6. DATE OF BIRTH (month, day, and year)	mel 17-1958	i last saw halive on	.; death is s
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et Belivern 1200	30300.
76 3	1 day, franchrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Date of one
8 Trade, profession, or particular kind of work done, as SPINNER.	that I was		Date et en
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	17 MARCANCOLD	He met Billion	371
S Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc		Rot the to CA + 1	- 50
this occupation (month and	11. Totel time (years) spent in this	Ingrowing to sport dosease.	
yaar)	occupation occupation	Other Contributary Causes of importance: Nov. 5, 19.84	
2. BIRTHPLACE (city or town)	Haven 625	Julian	
	ACCOUNCE SON MA	Only sow patient once & will that	
- August 19		after death.	
(Stata or country)	onges Do-	Name of operation Date of What test confirmed diagnosis? Was there an a	utanau?
15. MAIDEN NAME Farm	e Xaters.	23. 11 death was due to external causas (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	6	Accident, suicide, or homicide? Date of injury	
E (State or country)	ennies Go.	Where did injury occur?	
17. INFORMANT Oldled, (CAddress) The Jan	il dellow to rid	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ACE.
18. BURIAL, CREMATION, OR REMOVAL	(1. Lot p)	Mannar ol injury	
Place Classica	Date 0 , 19 94	Nature of injury	
19. UNDERTAKER Musice & (Address)	Mond in 1940	24. Was disease or injury in any way related to occupation of deceased?	LO
20. FILED 11934	Registrar.	(Signed) to the Carlos (Address).	M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. be properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

See instructions on back of certificate.

TION is very important.

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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I. PLACE OF DEATH	(82-a)
County Oall	Registration Dist, No. 294
Village or City Telahman	NoSt.,Ward
1 11/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs mos ds.
	Joseph Co. C. H. of Tologa Billia.
2. FULL NAME Sunse Crowled	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July 3 . 1933 & . 1933 & . (Year)
5a. If married, widowed, or divorced HUSBAND of (or)-WIEE-of Cory-WIEE-of	22. HEREBI CERTIFY, The lattended deceased from 19.29, to 19.29, 19.29
7. AGE Years Months Oays If LESS than 1 day, hrs. or	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spent in this of the spent in the spent in this of the spent in the spe	Organ fellows
12. BIRTHPLACE (city or town) Duetly (State or country)	Other Contributory Reduces of importance:
13. NAME A COUNTY AND A COUNTY	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Serease 15. MAIOEN NAME Serease 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT USE Miller (Address) Til gham	Specify whether injury occurred in INDÚSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place I ghoman Date July 5 , 1934	Manner of injury
19. UNDERTAKER Mewnam Al Harriague (Address) oft. milyale m.	24. Was disease or injury in any way related to occupation of deceased?
20. FILE Mily 5 , 1920 Afficus Sour Registrar.	(Signed). M. D. (Adgress). Let Let M. D.
11 more viants are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

-WRITE PLAINLY,

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	Example II	
	of importance were as follows:	Date of onset
1915	Attack of emilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
5		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 07403
1. PLACE OF DEATH County el allost	
The state of the s	Registration Dist. No. 275
Village or City. I am Mondon	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
-L V	ds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME Not married the	
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE Nale No DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Bey) (Yaar)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) kinds 3/34	I last saw h aliva on
7. AGE Years Months Days If LESS than	to heve occurred on the deta stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Treds, profession, or particular kind of work done, as SPINNER,	Date of onest
SAWYER, BOOKKEEPER, atc	Dill born Mogley Destrice
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc	for yours tarlus The
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oeta deceased last worked at this occupation (month and year)	15 miles prior to delivery
12. BIRTHPLACE (city or town) Soundaria (State or country)	Other Contributory Canses of Importance:
I James po ma	
4. BIRTHPLACE (city or town)	Name of oparation Oata of
15. MAIOEN NAME Serling des Me direnger	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Seehu de, M. Arenger 16. BIRTHPLACE (city or town) Callot (Stete or country)	23. If death was dua to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicida?
17. INFORMANT Amie Stella Gold (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL OR Suley 4 1924	Manner of Injury
19. UNDERTAKER Trederick . S. Greek (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 7/4 , 1934, J. L. Bardin. Registrar.	(Signed) STOTE M. O. (Address) M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	T 11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:	140	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

infor stat UPA	1. PLACE OF DEATH	
	County TALBOT	Registration Dist. No. 292
should f OCC	Village or City NR. TRAPPE.	Np. St. Ward
sh of	4 (11)	death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS		ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME ROBERT-LEE-EWING	Ø ,
CORD. Every PHYSICIANS oct statement	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
DE T	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
REC. P. P. Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E.X.	MALE WHITE - OR DIVORCED (write the word) WIDOWER	MULLANDITH (Day) (Vear)
NDING XACTI Classified	5a. If married, widowed, or divorced HUSBAND of LULA - SPENCER.	22. A I HEREBY CERTIFY. That I attended deceased from
DI IAN	(or) William LOLA - STENCEN.	Mu- 1926 to July 1931
	6. DATE OF BIRTH (month, day, and year) Select 141-1865	1 last saw here alive on July 2 4 79 3 4; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 19.65 Lm.
FOR IS A I stated proper ertifica	18 10 24 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
FO IS state properties		Were as follows: Date of onset
- 10	8. Trade, profession, or particular kind of work done, as SPINNER, LABORER.	Escultal Ensperteusien 1936
VE Sk	A Industry or business in which	
K-T hould may back	work was done, as SILK MILL, SAW MILL, BANK, etc.	// V
RESERVED G INK—THIS GE should be that it may be ons on back of		0
RES I AGE I that		Other Contributory Causes of importance:
6-4	12. BIRTHPLACE (city or town) EASTON. (State or country) TALBOT CO. MD.	leerebral hemow hage July 24
NFADI pplied. erms, se		
	13. NAME JOHN-EWING	<u> </u>
See See	4 14. BIRTHPLACE (city or town)	Name of operation Date of
E 1 6	(State or country)	What test confirmed diagnosis? Was there an autopsy?
INLY, WI'be carefull EATH in p	15. MAIDEN NAME CLARA-V-PRICE NR. ROYAL. OAK	23. If death was due to external causes (VIDLENCE) fill in also the following:
H ar.	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19,
P P P P	(State or country) ALBOI - Co. ///U	Where did Injury occur? (Specify city or town, county and State)
	17. INFORMANT Millou Civing.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA OF D	(Address) W. Trappe (
E S E	18. BURIAL, CREMATION, OR REMOVAL A Date July 27 1934	Manner of injury
1-WRITE mation sl CAUSE TION is	-M · O V	04
WRIJ mation CAUS TION	19. UNDERTAKER Maurice C. Miwidu Ton.	24. Was disease or injury in any way related to occupation of deceased?
No.	(Address) Castou Ma.	If so, specify Southern Southern
vi .	20. FILED July 26, 1934 Joseph agen	(Signed) Pressing M. D.
24	Registrar.	(Address) Alaxim Yano
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07495
1. PLACE OF DEATH	25)
County Talko V	Registration Dist. No. 290
Village or City Laston	No. Emergency Maspital St., Ward
(If Length of residence in city optown where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME CHURT II: LYON	100 100 H 0.0. H 0. L 1010 En 1011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Residence: No. Royal Oak, Md.	Ct Ward
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (er) WHEE of Edma Hillson	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 12, 1899	Hast saw h Line alive on July 31 1934: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.0° 15 p.m.
37 1 a I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and	Juberculey Virilondes 1/134
10. Oate deceased last worked at this occupation (month and 12/34 spent in this occupation 22/34	
12. BIRTHPLACE (city or town) Belleville (State or country)	Other Contributory Causes of Importance;
13. NAME To the last of the la	Name of operation releases war will Date of 7 18 3 + What test confirmed diagnosis? Was there an au'ops?
IS. MAIDEN NAMES OF A A SO STATE OF A SO	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME (city or town)	Accident, suicide, or homicide? Date of Injury
∑ (State or country)	Where did Injury occur?
17. INFORMANT GOLLAND ALLIANDE (Address) Pora O OG L.) VIA	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place l'ajal Oal Date lug 3 ,1934	Nature of injury
19. UNDERTAKER LEW Mary Harrison (Address) St Williagels Hea	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 8 19.34 Melseen Registrat.	(Signed) Call M. D. (Address) Call M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	DI I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Region 1	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

be properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND-	CERTIFICATE OF DEATH 07496
1. PLACE OF DEATH	(21)
County Juliot	Registration Dist. No. 290
Village or City Baaton	No. St, Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
of the second	awk
	P. T. C.
(a) Residence: No. (Usual place of abode)	St., Ward. 1f nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Warried	21. DATE OF DEATH July (Month) (Day) (Year)
5a. tf married, widowed, or divorced HUSBAND of (or) WtFE of	22. All HEREBY CERTIFY, That I attended deceased from 10 ,1933, to July 6 ,1934
6. DATE OF BIRTH (month, day, and year)	Hast saw h was alive on July 6 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 20 Pm.
(66 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
A9 Trade profession or particular	Cluring Spinal Mess Cular
3. Industry or business in which	Chipley lug16-3
work was done, as SILK MILL, SAW MILL, BANK, etc	(//
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) MCL (State or country)	Dther Contributory Causes of Importance:
13. NAME Charles H Greenhawh	
13. NAME Charles of Recention and 14. BIRTHPLACE (city or town).	Nama of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Jesler 16. BIRTHPLACE (city or town). (State or country)	23. If death was due to axternal causas (VIOL ENCE) fill in also tha following: Accident, suicida, or homicide? Date of injury
17. INFORMANT Charles Greenhawle	Where did Injury occur? (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Reaston	
18. BURIAL, CREMATION OR REMOVAL Place Eddler Date Ruley 9, 193 4	Manner of Injury
Place de la constante de la co	Nature of injury
19. UNDERTAKER Manuel & Menuel Done	24. Was disease or injury In any way related to occupation of decassed?
0/2 24 214/2	(Signed)
20, FILED 193 F. J. J. J. P. Registrat.	(Address) San Jan Wid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAUVS			1-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of DeeuPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH 07497
1. PLACE OF BEATH Talan	82 a
County Standard	Registration Dist. No.
Village or City Abermonth (II	ND. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME / Lelon / Noncon	
(a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE QF DEATH
Transle (alexander of DIVORCED (write the word)	1 (Month) (Day) (Yaar) (Yaar) (Yaar) (Yaar) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	The factor of the second
(or) WIFE of Very Estean Klynney	1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer)	Plast saw If alive on hotely 11 190%; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above of 2003 24.
6 59 8 25 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trado, profession, or particular kind of work done, as SPINNER.	appelle
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) oscupation oscupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	appria Schemons
	17/No Carado
13. NAME Herge Grace 14. BIRTHPLACE (city or town) Sheman miles	Name of operation
(Steta or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Reclel Lac lines	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Rachel Raches 16. BIRTHPLACE (city or town) Shares And	Accident, sulcide, or homicide? Dete ef injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANY Delington of the Control of the Contr	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRIMA DON, OR KEMDVAL	Manner of injury
Place Mudword Oale July 13, 1984	Nature of injury
19 UNDERTAKER & M. Manker	24. Was disease or injury in any way related to occupation of deceased?
(Address) A Muchay and	11 so, specify
20. FILEDALLY 13, 1924 Coffamour	(Signed) M. D
To more blanks are needed, address State Registrar.	(Addless)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915	Attack of epilepsy	1 week ogo
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
15		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

S	TATE OF	MARYL	LAND-	CERTIFICATE OF DEATH 0740	18
1. PLACE OF DEAT		_		<u> </u>	
County	ALBOT			Registration Dist. No. 290	
Village or City	EASTO.	N		No. WASHINGTON TREETSt., Nedath occurred in a horpital or institution, give its NAME instead of street and number)	Ward
Length of residence in ci	ly or town where deal	th occurred 63	yrsmos.	death occurred in a horpital of institution, give its ty-live in the do in treet and indinity in the state of the dotter and i	ds.
2. FULL NAME	11 ,	HOLLY			
(a) Residence: No.	- WASH!	NETON	STREET	St., Ward.	
		(Osual place of all	ouc)	If nonresident give city or town and State	_
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
14	R OR RACE HITE 5	S. SINGLE, MARRIEL OR DIVORCED (1914)	vrite the word)	21. DATE OF DEATH (Month) (Day) , 193 (Yea	<u>(</u>
5a. If married, widowed, or divo HUSBAND of MFL (or) WIFE of	ISINA TR	IPPE		22. I HEREBY CERTIFY. That I attended deceased	
6. DATE OF BIRTH (month, da	v and vear)	SEPTEMBE	R 6. 1870	Hast saw harm alive on July 7, 1934; death i	s sald
7. AGE Years	Months 9	Days 1	If LESS than day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
STrade, profession, or pkind of work done. SAWYER, BDDKKEI SINdustry or business in work was done, as SAW MILL, BANK, O. Date deceased last wo this occupation (mo	n which SILK MILL, Ca	WHER HO	OUSE	Casesuma of Bladder Davi	
this occupation (more year)	th and 4	N	AND	Dither Contributory Causes of Importance: Mutastasia to rules the all tract + Live	
13. NAME HEA	rry Ho	LLX DIYY	•		
13. NAME HEA	own) QUEEN	MARYL	COUNTY	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?	u
15. MAIDEN NAME	SARAJI	HUGHL	ETT	23. If death was due to external causes (VIDLENCE) fill in also the following:	0
15. MAIDEN NAME 16. BIRTHPLACE (city or t (State or country) 17. INFDRMANT MELO (Address)		MARY L MARY L HOLLYDAY	ANDI	Accident, suicide, or homicide?	
18. BURIAL, CREMATION, DR	REMOVAL	Date JULY	0, ,1934	Manner of injury	
401 0110 011111111111111111111111111111	ASTON 1934 /	MARYLA	ND Registrar.	24. Was disease or injury in any way related to occupation of deceased? 200 If so, specify (Signed) 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	M. D

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	A11
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CETVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUSEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

OCCUPATION

MOTHER | FATHER

(If death occurred in a horpital or institution, give the NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. 3 late, How long in U.S. if of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) Figure 1. DATE OF DEATH (Month) (Day) 193 194 195 195 195 195 195 195 195	
Village or City No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. 23 Late, How long in U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word) 1. DATE OF DEATH (Day) (Month) (Day) 1. DATE OF DEATH (Day) 1. DATE OF DEATH (Day) 1. DATE OF DEATH (Month) (Day) 1. DATE OF DEATH (Day) (Day) 1. DATE OF DEATH (Day) 1. DATE OF DEATH (Day) 1. DATE OF DEATH (Month) (Day) 1. DATE OF DEATH (Day) 1. DATE OF DEATH (Day) (Day) (Day)	/_ds.
Village or City No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. 23 Late, How long in U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word) 1. DATE OF DEATH (Day) (Month) (Day) 1. DATE OF DEATH (Day) 1. DATE OF DEATH (Day) 1. DATE OF DEATH (Month) (Day) 1. DATE OF DEATH (Day) (Day) 1. DATE OF DEATH (Day) 1. DATE OF DEATH (Day) 1. DATE OF DEATH (Month) (Day) 1. DATE OF DEATH (Day) 1. DATE OF DEATH (Day) (Day) (Day)	/_ds.
(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs mos. 3. Int. 0, How long in U.S. if of foreign birth? yrs mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) Figure 1. DATE OF DEATH County 1. DATE OF DEATH County 2. DATE OF DEATH County 3. SEX 1. COLOR OR RACE OR-DIVORCED (write the word) OR-DIVORCED (write the word) OR-DIVORCED (write the word) The provided in a horpital or institution, give its NAME instead of street and number) Month? The provided in a horpital or institution, give its NAME instead of street and number) Month? The provided in a horpital or institution, give its NAME instead of street and number) Month? The provided in a horpital or institution, give its NAME instead of street and number) Month? The provided in a horpital or institution, give its NAME instead of street and number) Month? The provided in a horpital or institution, give its NAME instead of street and number) Month? The provided in a horpital or institution, give its NAME instead of street and number) Month? The provided in a horpital or institution, give its NAME instead of street and number) Month? The provided in a horpital or institution, give its NAME instead of street and number) Month? The provided in a horpital or institution, give its NAME instead of street and number) The provided institution in the provided instituti	
2. FULL NAME (a) Residence: No. Classes (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ORDIVORCED ("write the word) Figure 1. Date of DEATH (Month) (Day) (Day) (Day) (Day)	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) 15a. If married, widowed, or divorced HUSDAND of (or) WIFE of 1 HEREBY CERTIFY, That I attended deceased	r) from
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of COLOR OF RACE OR-DIVORCED (write the word) 7a. If married, widowed, or divorced HUSBAND of (or) WIFE of COLOR OF RACE OR-DIVORCED (write the word) 7a. If married, widowed, or divorced HUSBAND of (or) WIFE of COLOR OF RACE OR-DIVORCED (write the word) 7a. If married, widowed, or divorced HUSBAND of (or) WIFE of COLOR OF RACE OR-DIVORCED (write the word) 7b. If married, widowed, or divorced HUSBAND of (or) WIFE of COLOR OF RACE OR-DIVORCED (write the word) 7c. If married, widowed, or divorced HUSBAND of (or) WIFE of COLOR OF RACE OR-DIVORCED (write the word) 7c. If married, widowed, or divorced HUSBAND of (or) WIFE of COLOR OF RACE OR-DIVORCED (write the word) 7c. If married, widowed, or divorced HUSBAND of (or) WIFE of COLOR OF RACE OR-DIVORCED (write the word)	r) from
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word) 5a. If married, widowed, or divorced HUSDAND of (or) WIFE of OCH ALL AND AND OF (OR) WIFE of OCH ALL AND AND OF (OR) WIFE OF OCH ALL AND OC	r) from
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 221 1 HEREBY CERTIFY, That I attended deceased	from
(or) WIFE of 1) That I attended deceased	from
July Johnson July 28 1024 10 July 29 18	3/1
1-1600	.y
6. DATE OF BIRTH (month, day, end year) 11 last saw(h. 2) alive on 1, 19.57; death is 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at O. C. m.	s said
4 2 J T I I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular	onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc	739
10. Date decessed last worked at 7/23/34 11. Total time (years) spant in this occupation (month and year)	
12. BIRTHPLACE (city or town) Que Course Course of Importance: (State or country)	
francisco offender 7	/24
13. NAME Goverston Goldsborough 14. BIRTHPLACE (city or town flexely Quis Co Yeld Name of operation of the destone of the Date of 7/28 (State or country)	= 5
What test confirmed diagnosis? Was there an autonov?	200
23. In dearn was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Passes Curre Med Accident, suicide, or homicide?	
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT Dand T. Juliusus Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Chestulous Med 18, BURIAL, GREMATION, DR REMOVAL	
Place Universition Date July 31, 19.3 4 Nature of injury	
19. UNDERTAKER U. J. Hicks 24. Was disease or Injury in any way releted to occupation of deceased? 200	
20. FILED 2/30 , 1934 MAI, Presses (Signed) Control (Address) East on Turk,	M. D.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

→

state 1. PLACE OF DEAT OCCI should Registration Dist. No. Village or City Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. if of foreign birth? ______yrs. _____mos. ____ ds. mos statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 193 14 CIL (Month classified. 5a. If married, widowad, or divorced HUSBAND of 22. That Lattended decassed from (or) WIFE of H certificate. 6. DATE OF BIRTH (month, day, and yeer) : daath Is said properly 7. AGE Yaare Months If LESS than to have occurred on the date stated above, et. stated 1 day. min. Date of opset 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER. pe Jo SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which pluods work was done, es SILK MILL, SAW MILL, BANK, etc. on 10. Date deceased last worked at 11. Total tima (yaars) this occupation (month and spent in this that instructions OS 12. BIRTHPLACE (city or town (State or country supplied. in plain terms, FATHER 13. NAME 14. BIRTHPLADE (city or town (State or country) should be carefully What test confirmed diagnosis?_. MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?_____ Date of Injury____ OF DEATH 16. BIRTHPLACE (city or town) (State or country Whera did Injury occur? ____ (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, In HOME, or In PUBLIC PLACE very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE mation LION Nature of injury 24. Was diseasa er Injury In any (Add(ass) If so, specify 20. FILED Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AHG V S			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1_year

should state OCCUPA-

jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(22)
County / alkal	Registration Dist. No. 290
Village or City Early	No. Meigury / Jos plat, Ward
Length of residence in two town where death occurredyrsmos	death occurred in a hornial or institution, give its NAML instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME & Frank &	A140
(a) Residence: No Neuton Maryland	- St. Ph Dard anoline Co
(Usual place of a bode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) July 31, 188 (I last saw h is a alive on July 2 1 1934 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:50 p:m.
#9 /// 2 / 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work dona, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Telamo
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
kind of work doma, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was doma, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end yaar) 11. Total time (years) spont in this occupation	
12 DIDTUDI ACE /aitu or form	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Lucional a carre
13. NAME Walter Linely	lee , O +
14. BIRTHPLACE (city or town)	Name of operation as design design to the Date of
Colore of County	What test confirmed diagnosis clerical & laws there an au'opsy? Le
15. MAIDEN NAME Journe Careers 16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Accident Date of injury 2/5-, 19-3-4
(State or copyrity)	Where did injury occur? At INS Name (Specify city or town, county and State)
17. INFORMANT 1 12 AUGUS 71 Oure	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Institute by horse
Place / Fartley , welawaterate 7-23, 1934	Nature of injury La Da Dala A corress of the
19. UNDERTAKER MAI. Virgil Moure	24. Was disease or injury in any way related to occupation of deceased 179
(Address) Woulder Mauland	If so, specify required leg (force while of w
20. FILED 7/22, 19 34 /2 Bl. Merny	(Signed) Zee Reline / M.D.
Registrar.	(Address) False }

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related eauses Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

		MARYLAND-	CERTIFICATE OF DEATH 0741	2
	I. PLACE OF DEATH	-	95.6	
	County Talbot	•••••••	Registration Dist. No. 9	<u></u>
	Village or City Easton,	Maryland	orner query tropelar	Ward
	Land of alternative to the	(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
			3ds. How long in U.S. if of foreign birth?yrsmos,	ds.
-	(a) Residence: No.	kerman M. M.A. (Usual place of abode)	St., Ward. Caledon Cu	
0	PERSONAL AND STATISTICAL		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3.		INGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
	0.00	R DIVORCED (write the word)	July &	1
50	Male Colored	Widower	(Month) (Oay) (Yea	ır) ,
56.	If married, widowed, or divorced HUSBAND of Addie Lockerm (or) WIFE of	an	22. I HEREBY CERTIFY. Thet I attended deceased	from
	T2200	29th. 1883		24
-	DATE OF BIRTH (month, dey, and yeer) June AGE Years Months	29th., 1883 0eys If LESS then	(A lest sa) 19 3 4 deeth i	is said
*	5I	I day,hrs.	to heve occurred on the dete stated ebove, at 8 1 / 1 m. The PRINCIPAL CAUSE OF DEATH end related ceuses of importence	
_		ormin.	were as follows:	onset
OCCUPATION	Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	borer	Cardio-reval disease !	
0000	10. Date decessed last worked at this occupetion (month and yaer)	11. Total tima (yaars) spent in this occupation		
			Other Contributory Causes of importence:	
12.	(Stete or country)	7 0		
œ	1			
표	13. NAME Joseph Lock	erman		
FATHER	14. BIRTHPLACE (city or town) (State or country) Maryla	nd	Nema of operation Oete of What test confirmed diagnosis? N.P.N. Wes there en eutopsy?	ko
IER	15. MAIOEN NAME		23. if deeth was dua to externel causas (VIOL ENCE) fill in also the foilowing:	
MOTHER	16. BIRTHPLACE (city or town)(Steta or country)	Unknown	Accident, suicide, or homicide?	
17. INFORMANT Milbert Lockerman (Address) Preston Maryland			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	to as to to to
18.	BURIAL, CREMATION, OR REMOVAL Pleca Mt. Pleasant Da		Manner of injury	
			Natura of injury	
19.	UNDERTAKER W. H. Holli		24. Was diseesa or injury in eny wey related to occupation of deceased?	
	(Addiess) Pre	ston Md	if so, specify	

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 7 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1 4	/ / .		
1/2.	100	· · · · · · · · · · · · · · · · · · ·	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	Ar
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V. S. No. 1

	Registration Dist. No. 29/ No. St., Ward each occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Village or City Bellevier Length of residence in city or town where death occurred. 73_yrsmos 2. FULL NAME Chine E. Muura (a) Residence: No. Bellevier (Usual place of abode)	No. St., Ward leath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds St., Ward. If nonresident give eity or lown and State MEDICAL CERTIFICATE OF DEATH
Length of residence in city or town where death occurred 73 yrs. mos. 2. FULL NAME Chris E. Morra (a) Residence: No. Belleviel (Usual place of abode)	ds. How long in U.S. if of foreign birth?
Length of residence in city or town where death occurred 73 yrsmos. 2. FULL NAME Chris E. Muura (a) Residence: No. Belleviel (Usual place of abode)	ds. How long in U.S. if of foreign birth?
(a) Residence: No. Bellevue (Usual place of abode)	If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH
(Usual place of abode)	If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH
(Usual place of abode)	If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
female Colored OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Horace of Murray	22. IHEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) Que nat 15 1860	Mast saw h. A alive on July 19 1934; death is sai
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Tente Coronary Thrombon Date of onse
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at his occuration (month and	9 193
10. Date deceased last worked at this occupation (month and year)	400
2. BIRTHPLACE (city or town) Jalbot Co	Other Coutributory Causes of importance:
(State or country)	
13. NAME Mick Menneth	
13. NAME Mck Tenneth 14. BIRTHPLACE (city or town) Vallet Co (State or country)	Name of operation Date of Date of What test confirmed diagnosis? More Was there an autopsy?
15. MAIDEN NAME MALGARY (THANKING)	What test confirmed diagnosis? Would was there an autopsy?
15. MAIDEN NAME marget atacking 16. BIRTHPLACE (city or town) Talkot Co (State or country)	Accident, suicide, or homicide?
7. INFORMANT Maggie V. Wicks (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Bellevile and Date July 11 tt, 1934	Manner of Injury
9. UNDERTAKER Mewnam + Harrison :	24. Was disease or injury In any way related to occupation of deceased? N.O.
10. FILED July 10 , 1934 John Huwales Registrar.	(Signed) The Who was Market Ma

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	3		
Other contributory causes of importance:		Other contributory causes of importance:	- 112
Gallstones	May 1,1923	Gastrocnteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

21 1 2/102 01	DEATH		(193)	
County			Registration Dist. No.	40
Village or Ci	ty L Eas			W
Length of rasid	tance in city or town where	17	death occurred in a hospital or institution, give its NAME instead of street at	
HOWETH	,,,			_11103
2. FULL NAM		Tay Nichols		
(a) Residence	ce: No. Scrutt	(Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female	White.	OR DIVORCED (write the word)	July 13	, 193 4
ia. If married, widowa		Married	(Month) (Day)	(Year
HUSBANDE		116.1.	220 I HEREBY CERTIEY, That I attend	ad deceased
	long Lee	18101013	June 9 m, 19 m, to July /2	
. DATE OF BIRTH (month, day, and yaar) 🥖	or. 6, 1872	I last saw her alive on July 13 Pu, 193	20.; daath is
. AGE Year		Days If LESS than	to have occurred on the data staled above, at 43 1m.	'
62	1 3	Z I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows >	Datacio
8. Trade, profast	sion, or particular ork done, as SPINNER, BDOKKEEPER, atc	-4 4.	multiple abscess of the	- June
		at home	Rifney	A
work was	ousiness In which done, as SILK MILL, L, BANK, etc	1	+	
1D. Date dacaase	d last workad at	11, Total time (yaars)	1/	
this occup	ation (month and	spent in this occupation		
	Mar	vland W	Dthar Contributory Causes of Importance	0.0.
12. BIRTHPLACE (city (State or count	, 0	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	must will forey converses	aug
13. NAME -5	oloman T	Pippier		(f-)(f
			Name of acception	
(Stata or	(city or town)	yigija .	Name of operation	
15. MAIDEN NAM	-	rabell Mason	What test confirmed diagnosis? Was thare a	
	1 1		23. If daath was due to external causes (VIOL ENCE) fill In also the follow Accident, suicida, or homicida?	
16. BIRTHPLACE (State or	(city or town)	yana	Whare did injury occur?	, 19
	1 9 1/10	P. Pa	(Specify city or town, county and Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC	State)
(Address)	'Singlan	ma	open, maner many occurred in the country, in nome, of in Poblic	TEAUL.
18. BURIAL, CREMATI	DN, OR REMOVAL	41.	Manner of Injury	
Place &	astou mo	Date 1/16 ,1934		
9	and A	Do 1100-	24. Was disease or Injury In any way related to occupation of deceasad?	no
19. UNDERTAKER (Address)	aston	ind	If so, specify	
			· V · A I V	
20. FILED 2/1	, 211 m	4/2	(Signed) / Villeaux & Dellacox	cas 1

N. B.—WRITE PLAINLY,

PHYSICIANS should state

stated EXACTLY. properly classified.

UNFADING INK-THIS

ARGIN RESERVED

mation should be carefully supplied. AGE should be

CAUSE OF DEATH'in plain terms, so that it may be

FOR BINDING

Exact statement of OCCUPA.

IS A PERMANENT RECORD. Every item of infor-

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AUG 7 1994			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
)	

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No.	
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_	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07416		
UP/	1. PLACE OF DEATH	(210-m)		
OCCUP	county (a) bot	Registration Dist. No.		
- 1		No. The roemen Work St., Ward death occurred in a horpital or institution, vivy its NAME visted of street and number)		
o	Length of residence in city or town where deeth occurredyrsmos.	death occurred in a horpital or institution, tave its NAME vasted of street and number) Alow long in U.S. if of forange birth?		
nen	For This live Potrials (39 mm.		
statement	2. FULL NAME WALLEY WAY OF A STATE OF THE ST	St. Ward.		
	(a) Residence: No. Quit Marie (Usual place of abode)	St., Ward. If nonresident give city or town and State		
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED framine the word)	21. DATE OF DEATH		
d.	Male While Single	(Month) (Day) (Yeer)		
classified	5a. If married, widowed, or divorcad HUSBANO of	22. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
lass	(or) WIFE of	July # 1934, 10 July 7, 1934		
	6. DATE OF BIRTH (month, day, and year) gune 4, 1898	I tast saw h. Let elive on frely the 1934; death is said		
properly certificate.	7. ACE Yaers Months Days If LESS than 1 dey,	to heve occurred on the data state above, at _7.2.7.2.7. P. m.		
rop	36 37 or or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
be p	8. Trede, profession, or particular the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			
	9 Industry or business In which	Fraduit Skill 46/20		
may	work was done, as SILK MILL, SAW MILL, BANK, atc	Allegenturene 17.4.		
t it				
that ons	yaar) occupation	Other Contributory Causes of Importance:		
erms, so that instructions	12. BIRTHPLACE (city or town) AMM Qrulaud			
terms,	# 13. NAME Joseph O. Joale			
(t)	II	Neme of operation		
plain to	14. BIRTHPLACE (city br town)	Whet tast confirmed diagnosis? Clerical Was there an au'opsy? 40		
n pl	15. MAIOEN NAME Selina Terrier	23. If death was due to external causes (VIOLENCE) filling also the following:		
OF DEATH in prery important.	15. MAIOEN NAME Selina Jevrner 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of Injury 7/4 / 19		
AT	(State or country)	Whara did injury occur? Well (Specify city or town, county and State)		
DE y in	17. INFORMANT / Just / Lary S. O Joble	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.		
	(Address) 739 M. 4 Julian Que. (Salts.)	Menner of injury auto accept		
E .S	Place Ballinesse Oata 15 ,1934	Natura of injury I conserved Skyll ele		
CAUSE TION is		24. Was disease or injury in any way related to occupation of daceasad? Zed		
OF	19. UNOERTAKER (Addiass)	If so, spacify		
F	20, FILED \$15 19.34 My Meerice	(Signad) Telfalue M. D.		
U	Registrar.	(Address) Carlot Cel		
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.		

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The state of the s		and approximate in .		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis GARGEROS	1 year	
		90F So 162#		
ADDITIONAL SPACE F or enthorgation of date of to filet Sinder 6' Lord	or Furth	ER STATEMENTS BY PHYSICIAN OURS		

1 2 2 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state	1. PLACE OF DEATH	- (44-E)
7 7	county albots 1 101	Registration Disty No. 290
should of OCC	Village or City Control, MA.	No MOTOLINCY TOSP ital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
اد م	Length of residence in city or town where death occurred	ATDds. How long in U.S. if of freign birth?yrsmosds.
Every MANS ement	2. FULL NAME / Clizabeth Satchell	38 mm.
RECORD. Every PHYSICIANS Exact statement	(a) Residence: No. (Usbal place of abode)	St., Ward. If nonresident give city or town and State
CO PH let	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
I. X	3. SEX 4. COLOR OR RACE OR DIVORCED Genite tha word)	21. DATE OF DEATH (Month) (193 3) (Year)
NEN C T I	5a. If marriad, widowed or divorced	
XMANEN XACTI classified	(or) WIFE of Wife C. Satchell	22. I HEREBY CERTIFY, That I attended decaasad from 7-7-, 1934, to 7-7-, 1934
	6. DATE OF BIRTH (month, day, and year) 1/8/93	I last saw h 1 alive on 7 - 7 - 1934; death is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at
IS / state prop	29 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be s be p of ce	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	allerin Generalage 7-7-34
ould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Oate deceased last worked at this pecuation (month and this pecuation (month and this pecuation (month and this pecuation).	7
INK—T should t it may on back	SAW MILL, BANK, etc	
	this occupation (month and) 197 spent in this occupation coupation	Other Contributory Causes of Importance:
NFADING oplied. AGF erms, so that instructions	12. BIRTHPLACE (city or town)	Other Cantinutery Causes of Importance.
AD ed. s, s	(State or country)	I remolare Seperation of 7-7-35
ITH TUNFA illy supplied plain terms,	13. NAME 14. BIRTHPLACE (city or town) (State or country)	Phoento
H C sup uin to See	14. BIRTHPLACE (city or town)	Name of operation Date of
TH Ily olaii S	(Stata of Country)	What test confirmed diagnosis? Was there an au'opsy?
F 3. 7	15. MAIOEN NAME	23. If death was due to external causes (VIOLENCE) fill in also tha following:
INLY, WITH be carefully EATH in plain important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide2
INI. be EAT	(State or country)	Where did injury occur? (Specify city or town, county and State)
PLAINLY, Wnould be carefi OF DEATH in very important	17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
F-3 70	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Easter and Date 710 ,19 74	Nature of Injury
Mation SCAUSE	19. UNDERTAKER James C. Henre Rub Dack.	24. Was disease or tnjury in any way related to occupation of deceasad?
m T	2/2 24 20 1 2000	(Signed) W.M. C. Muree M.D.
Z	20. FILEO J. G., 1937 J. J. J. J. J. P. Registrar.	(Address) Election Mag
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5, 1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL.	SPACE E	OR FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SPACE F	OK FURTHER	DIVIDMENTO	DI	LUISICIAN

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

7. S. No. 1

BINDING

RESERVED

ARGIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUNEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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STATE OF MARYLAND-CERTIFICATE OF DEATH

A-	STATE OF MARTLAND	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	(08)
. 7)	County Salbat	Registration Dist. No. 240
should of OCC	Village or City Esston mod	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
. 70	Length of residence in city or town where death occurred	sds. How long in U.S. If of foreign blrth?yrsmosds.
Every rSICIANS statement	2. FULL NAME Traves dually	nd
	(a) Residence: No. Bullers Row	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECC . PI Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
II.	3. SEX 4. COLOR OR RACE OR DIVORCED (wife the word) Sungle	21. DATE OF DEATH (Month) (Day) (Year)
Ted	5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
RMANEN X A C T I classified	(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	5/29/14	Tlast saw h le aliva on Quely 23 1934 death is said
	6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 530 9 m.
A orted oper tific	17 2 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
IS star pro	8 Trade profession or particular	were as follows:
IIIS be be of	6 0 kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Belateral hobar Treumous July
ould may back	Hodustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	143
~ =	SAW MILL, BANK, etc.	
1 5 0	10. Data deceased last worked at this occupation (month and year)	
H CNFADING I supplied. AGE in terms, so that See instructions	year) occupation	Other Contributory Causes of Importance:
So so icti	12. BIRTHPLACE (city or town). (State or country)	
FA ied ns, stru	00	
CNFA supplied n terms, ee instri	13. NAME / Start Surfallwood	
su in i	14, BIRTHPLACE (city or town) (State or country)	Name of operation Date of
ITTH Illy pla		What test confirmed diagnosis? Word Was there an au'opsy? JV
AINLY, WITH d be carefully su DEATH in plain y important. See	15, MAIDEN NAME Eva Thomas	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
cal cal TH	16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
IN]	C JP	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
PLA nould JF DJ	17, INFORMANT (Address) Sadon hill	openly whether injury occurred in the second, in home, of the second
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
TE n s	Place Eastern 2nd Date 7/26 1934	
WRITE mation s CAUSE TION is	James O Bines	24. Was disease or injury in any way related to occupation of decoased? VV 8
CL	19. UNDERTAKER (Address) Eas Love	If so, specify
B	121 au mell mai	(Signed) Philips & D Lewis M.D.
z(T)	29. FILED / 2. 6 19.3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Address) St Muchaels Mil
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S. No. 1

ARGIN RESERVED FOR BINDING

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Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AHC -9	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
(Y . W. Xue, us.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gollstones		May 1,1923	3 Gastroen teritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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item of infor- should state of OCCUPA-	1. PLACE OF DEATH County Jally f Village or City Gastan, Md.	Registration Dist. No. 296 No. Margers L. Hospital St., Ward feath occurred in a horpital or institution, trive its NAME instead of street and number)
RECORD. Every in PHYSICIANS Exact statement of	2. FULL NAME AND Smith (a) Residence: No. (Usual place of abode)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GENT I	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED twrite the word) 5e. If married, widowad, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANN mation should be carefully supplied. AGE should be stated EXACT CAUSE OF DEATH in plain terms, so that it may be properly classificAION is very important. See instructions on back of certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Date: If Less than 1 lday, 1	I HEREBY CERTIFY. That i attended decessed from 1 1 2 3 4, to 19 3 4; death is said to have occurred on the data stated above, at 11 2 m. The PRINCIPAL CAUSE OF DEATH end reletad causes of Importance were as follows:
	8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Glaceula Terrenca. Sreech Entraction
	12. BIRTHPLACE (city or town) State or country)	Other Contributory Causes of importence:
	14. BIRTHPLACE (city or town)————————————————————————————————————	Name of oparetion therseour checker 72 Whet test confirmed diagnosis Cleured Was there an au'opsy?
	15. MAIDEN NAME Unie Lauise Buckle 16. BIRTHPLACE (city or town). Tudgely Mayland 17. INFORMANT Mrs. Annie Smith (Address) Centreville Mayland	23. If deeth wes due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
	18. BURIAL, CREMATION, OR REMOVAL Place Surface 19 Date 7/23 1934	Manner of injury
S. No.	19. UNDERTAKER POLOGICAL SMITH (Addrass) 20. FILED 29. 9. 9. 34 0 7 7 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	24. Was diseese or injury in any way related to occupation of deceased? U.O
> Z	Registrar.	(Address)

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cipal cause of death and related causes tance were as follows: epilepsy	Date of onset
by street car	1 week ago
3	3 days ago
ntributory causes of importance:	
eritis eritis	1 year
	nteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A 1	STATE OF MARYLAND—C	CERTIFICATE OF DEATH	17191
UP	1. PLACE OF DEATH	59	0 0
220	County 1 all 1	Registration Dist. No.	70
f 0	Village or City Solve /	No Standard In a horpital be institution, give its NAME instead of street and nu	Ward
t o		19 ds. How long in U.S. if of foreign birth? yrs. mos.	ds.
men	2. FULL NAME My newby Swan	wick.	
ate	(a) Residence: No. Meeux on Mo	St. Ward. Caersline	6.
t st	(Usual place of abode)	If nonresident give city or town and S	late
Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLÔR OR-RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE OR DAVORCED (write the word) Marie	SM 4 5 (Month) (Day)	193 (Year)
classified	5a. ff married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended de	eceased from
ass	(or) HIE of Mrs. Anna Suramero	- June 16 ,034, 10 July 5	., 1934
	6. DATE OF BIRTH (month, day, and year) Sint. 25, 1864	Hast saw h.MM alive on July 5 1934;	death is said
properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
erti	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
of c	8. Trade, profession, or particular kind of work done, as SPINNER, Slove Keefaur SAWYER, BOOKKEPER, etc.	Dealeli-	la mos.
may back	9 Industry or business In which	ocarce.	CT THON
	work was done, as SILK MILL, SAW MILL, BANK, etc		
at it	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this year) occupation 10. 4 no		
erms, so tha instructions		Other Contributory Causes of importance:	
, so uct	12. BIRTHPLACE (city or town) (State or country) Wales	Dechite Tue Time	1/11/13
terms, instr	II 13. NAME Verkusum		
4 0	14. BIRTHPLACE (city or town)	Name of operation Accusing Date of	
plain Se	(State or country)	What test confirmed diagnosis? Our Was there an au	topsy?_Ly
in p	15. MAIDEN NAME Vukuom	23. If death was due to external causes (VfOLENCE) fill in also the following:	
EATH in pimportant.	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
DEATH y import	Man anna X N	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLAC) CF
AA	17. INFORMANT Actions for md	Specify microst injury december in industria, in manager in the december of the control of the c	
0 1	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Date Date 1934	Nature of fnjury	
CAUS	19. UNDERTAKER 7 13 Recurrency	24. Was disease or injury in any way related to occupation of deceased?A	6
(4)	(Addiess) Trumston Mag Perso Bit	di so, specify	
(1)	20, FILED 6 , 19 3 4 M. A , 8 / Registrar.	(Signed) (Address) Carlow Pul	W. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	A Allaharia A Angala	Example II	
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Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	Z= -11
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA.

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

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RGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	ARTLAND	CERTIFICATE OF BEATH 07432
County Talbot		Registration Dist. No. 290
Village or City Easton, Md.	(IE	No. X St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occu		X ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Henry R. Tr (a) Residence: No. Easton, Md		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ORI	CLE, MARRIED, WIDOWED, DIVORCED (write tha word)	21. DATE OF DEATH July 27th, 4 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of		
(or) WIFE of Infant		22. I HEREBY CERTIFY, Thet I attended daceasad from
6. DATE OF BIRTH (month, day, and year) June	11/933	1 last saw h
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at
一	1 6 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Inf	ant	- Usepuns deslare Detectores
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	x	Antestinal indigestion o due to wrong
	1. Total tima (years) spent in this occupation	feeding a Devation: two weeks. Cong
12. BIRTHPLACE (city or town) Hoopers Is (State or country)	land, Md.	Other Contributory Canses of Importance: Found dead about 2 a M
13. NAME Major W. Traver		7-16-34 cutting Teeth last not rich
14. BIRTHPLACE (city or town) Hoopers I (Stete or country)	sland, Md.	Neme of operation
15. MAIDEN NAME Martha Moore		Whet tast confirmed diagnosis? Was there are autopsy?
16. BIRTHPLACE (city or town) Golden Hi	11, Md.	23. If deeth wes due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Date of Injury
17. INFORMANT Major W. Travers (Address) Easton, Md.	3.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlaHoopers Island, Md.	7/27/34,49	Manner of injury
19. UNDERTAKER Granville S. Le (Address) Cambridge, Md	Compte.	24. Was disease or injury in any way related to occupation of deceased? If so, specify A A A A Alexens
20. FILED. 7/27, 1934 NY	1. Merry Registrar.	(Signed) (Address) Essely M.D.
If more blanks are	needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 7 1921			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	y was	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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